

MINUTES – FINAL
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, December 15, 2011

Commonwealth Enterprise Solutions Center
11751 Meadowville Lane
Chester, VA 23836
Multipurpose Room 1222

ATTENDANCE:

Members Present:

Dr. Marshall Ruffin, Chairman
Dr. Sallie Cook
Dr. Jim Harrison
Rich Pollack
John Quinn

Members Absent:

Others Present:

Lynn Bannister, VITA
Kim Barnes, VDH
Blake Bialkowski, APA
Prashant Dixit, VITA
Mike Farnsworth, DMV
Beth Ferrara, DMAS
Joseph Grubbs, VITA – HITSAC Administrator
Jim Harris, Intel
Karen Helderman, APA
Lynne Jeffries, VITA
Todd Kissam, VITA
Carl Laugerbaum, Advantus Strategies
Michael Matthews, CHA-Statewide HIE
Sandy McCleaf, CHA-Statewide HIE
Judy Napier, CGI
Fred Norman, CVC, LLC
Prasanna Pasyavala, DSS
Karen Rowson, DMAS
Pat Reynolds, VITA
Mike Rydel
Debbie Secor, VDH
Jerry Simonoff, VITA
David Vollrath, VCCS
Julie Whitlock, OAG
Chris Whyte, Vectre

Call to Order:

Chairman Marshall Ruffin called the meeting to order at 10:40 a.m. in the VITA Multipurpose Room 1222 at the Commonwealth Enterprise Solutions Center in Chester, VA. Chairman Ruffin welcomed HITSAC Members, staff and attendees.

OLD BUSINESS

Approval of Minutes from the October 20, 2011, HITSAC Meeting

Chairman Ruffin called the item to approve the minutes from the October 20, 2011, meeting and asked HITSAC Members if they had changes or corrections. Seeing none, Chairman Ruffin called for a motion to approve the minutes. A motion was made by Mr. Pollack with a second by Dr. Cook. The motion passed unanimously.

NEW BUSINESS

Status Reports

Commonwealth Data Governance (CDG) Team

Dr. Joseph Grubbs, Commonwealth Data Governance (CDG) Service Lead and HITSAC Administrator, gave the CDG Team status report. He started by walking Members through the agenda and action items. Dr. Grubbs then introduced Prashant Dixit, the CDG Team's recently hired Senior Analyst. Mr. Dixit gave a brief overview of his professional and educational background.

Dr. Grubbs notified HITSAC that the Enterprise Data Management (EDM) Person Core Matching Attributes Data Standard was adopted by the Secretary of Technology on December 2, 2011. He noted that the EDM Person Core Non-matching Attributes Data Exchange Standard was on the agenda as an action item.

In addition, Dr. Grubbs acknowledged Mike Farnsworth, Virginia Division of Motor Vehicles (DMV), and said that DMV had the first batch of non-matching, "Payload," data ready to be integrated into the EDM platform once the testing environment has been deployed. This would give the EDM Team an opportunity to work with both matching and Payload data in the testing environment. Chairman Ruffin recognized DMV and said how glad he was that HITSAC was working closely with DMV, which represented an important step in support of the Commonwealth State Government Gateway.

Dr. Grubbs continued by stating that CDG has been working on the interface between Community Health Alliance (CHA) on the Statewide Health Information Exchange (HIE) and VITA's Shared-Services Platform. He noted that more detailed information would be provided following CHA's presentation later in the agenda.

Turning to the topic of HITSAC's proposed Governance Framework, Dr. Grubbs stated that the framework had been reviewed by the Commonwealth's Chief Information Officer (CIO) and found to require changes to the Code of Virginia in order to be fully implemented. However, in the interim, Dr. Grubbs said the CDG Team was continuing to implement the spirit of the Framework through its administration of HITSAC, its support of the Health IT/Medicaid IT Architecture (HIT/MITA) program and overall data governance activities. Dr. Grubbs has included governance-related performance measures to the CDG Team's performance plans.

Chairman Ruffin asked if any of the required legislative changes had been proposed for the current session of the General Assembly. Dr. Grubbs responded that he was not aware of any proposed legislation relating to or supporting the Governance Framework. However, he said he would confirm this with VITA's Legislative Affairs Director.

Dr. Grubbs reported on the Chairman's previous request on the status of negotiations between the Commonwealth and HL7 for an enterprise membership in HL7. Dr. Grubbs said he had confirmed with Kim Barnes of the Virginia Department of Health (VDH) that the Commonwealth had determined, given the centralized nature of the health-department structure, it would be most cost-effective for VDH to establish and maintain its own HL7 membership. Other Commonwealth agencies also would have their own, separate membership.

Dr. Grubbs wrapped up the CDG Team's status report by sharing outcomes from the Casey Family Programs conference in Orlando. The conference focused on data sharing by social service agencies, and Dr. Grubbs said Casey staff was well informed on progress being made in the Commonwealth under Secretary Hazel and Secretary Duffy. Dr. Grubbs said that Casey Family Programs wanted to share the Commonwealth's experience with other states.

Chairman Ruffin congratulated the Commonwealth on its efforts and asked for details on the Casey foundations. Dr. Grubbs said Casey Family Programs was one of several Casey family charities. The Casey family was the founder of United Parcel Service (UPS) and had used its resources to start a number of charitable organizations, including the Annie E. Casey Foundation and Casey Family Programs. Casey Family Programs focuses its support on child welfare, family well being and related social services.

Chairman Ruffin returned to the HL7 membership issue, asking John Quinn if there were benefits the Commonwealth would not be experiencing by going with the agency-based rather than the enterprise membership option. Mr. Quinn said the two "lost" benefits would be: first, actually negotiating an enterprise cost with HL7, which had not been pursued by the Commonwealth; and, second, the administrative challenges associated with maintaining annual memberships within each agency rather than a single, enterprise membership.

Chairman Ruffin asked how the Commonwealth would manage the memberships. Ms. Barnes said they had explored the "California Model" and found the method selected by the Commonwealth would be the most efficient and cost-effective at this time. However, she said as the various strategies progressed they would continue to evaluate an enterprise membership.

Health Information Technology/Medicaid Information Technology Architecture (HIT/MITA) Program

Karen Rowson from the Department of Medical Assistance Services (DMAS) provided a status report on the Health Information Technology/Medicaid Information Technology Architecture (HIT/MITA) Program. Ms. Rowson was representing the HIT/MITA Program in place of Dave Mix, the Program Manager.

Ms. Rowson began by stating that DMAS had awarded its contract to CACI for Program Management Office (PMO) services. The contract will support PMO reporting and planning functions. Under the contract, CACI will assist with program management and development of work plans for the various HIT/MITA initiatives.

Ms. Rowson reported that the Secretary's Committee on Data Sharing had completed its meeting schedule and had prepared a draft report communicating its findings and recommendations. The report currently was under review by Commonwealth agency stakeholders and was scheduled to be submitted to Secretary Hazel and Secretary Duffy in mid January.

Chairman Ruffin asked Ms. Rowson if the committee had determined how Health and Human Resources (HHR) agencies may benefit from sharing data with other agencies. Ms. Rowson cited a current example of data

sharing between DMAS and VDH. The data-sharing arrangement involves DMAS receiving notifications from VDH on death records. This enables DMAS to update its payment systems to exclude payments to individuals who have died. The results include cost savings and greater system efficiency.

Ms. Rowson said that the HHR IT Strategic Planning Committee had completed its meeting schedule and a group had walked through the draft plan with Secretary Hazel. The Secretary provided feedback to the group and enabled members to plan for next steps. HHR agencies currently are providing feedback, and the remaining tasks will be for adoption, implementation and ongoing management.

On the Technical Infrastructure and Commonwealth Authentication Service (CAS), Ms. Rowson said that these efforts were proceeding and would lead to implementations in January. With regard to the Federal funding from the Centers for Medicare and Medicaid Services (CMS), Ms. Rowson said DMAS had been asked to revise its funding requests to separate IT projects and eligibility and enrollment (E&E) projects. Ms. Rowson said that funding for Member Management would happen with Phase II projects.

Chairman Ruffin asked if having to separate the funding requests would present administrative challenges for DMAS. Ms. Rowson said she did not anticipate the new method to have negative impacts.

Debbie Secor of VDH spoke from the gallery, indicating that the birth registration and death registration interfaces would be done at VDH. She clarified that the new method for submitting funding requests may impact VDH's ability to get those interfaces put into place. Ms. Secor said VDH had some funding in place to begin standing-up the interfaces but not enough to cover full deployment, so the new funding management process may have an impact.

Ms. Rowson concluded her presentation by stating that DMAS was awaiting final approval from CMS for the administrative contract with CGI. DMAS has responded to all of the items identified by CMS holding up final approval, so they anticipate final approval in the near term.

Mr. Pollack raised question of the IBM contract and whether contracting issues had been resolved to enable the technical team to get into place. Ms. Rowson said the issues had been resolved.

Health Information Exchange (HIE) Program

Kim Barnes of VDH gave the status report on the Health Information Exchange (HIE) program. Ms. Barnes confirmed that the HIE contract had been awarded to Community Health Alliance (CHA). She introduced the CHA team and established that CHA is the non-profit arm of MedVirginia.

Ms. Barnes reported that VDH had during the previous week launched the Advanced Health Care Directive Registry. She said this was done in compliance with the 2008 legislation tasking VDH with setting up such a service and had been developed at no cost to Commonwealth taxpayers. Ms. Barnes said they were focusing now on making the system more streamlined for consumers and health care organizations.

Chairman Ruffin asked how consumers will be notified of this service. Ms. Barnes said Secretary Hazel had held a press conference announcing the service. VDH had set up links to the service on its Web site and issued publications thru library systems. Dr. Cook asked if health plans would be assisting in consumer notification. Ms. Barnes said they would and that Association of Health Plans members were participating.

VITA MITA Program

Lynne Jeffries, Project Manager for the VITA MITA Program, gave the status report. Ms. Jeffries started by stating the IBM contracting mechanisms were in place. The first Enterprise Data Management (EDM) statement of work, which covers planning and analysis, has been completed. The first statement of work for the Service-Oriented Architecture (SOA) environment, covering architecture and design, had been drafted but will be placed on hold until the hardware work order could be worked out with Northrop Grumman.

Ms. Jeffries said that Jesus Valencia from IBM was on site working through the first phases of planning and analysis. The full technical team is expected to be in place January 16. Ms. Jeffries said that the first SOA workshops were scheduled to begin the week of January 9. She added that the Internal Agency Oversight Committee (IAOC) had been formed and met in late November.

In terms of the data extracts, Ms. Jeffries said the team was progressing with the data profiling from the sample extracts from the Department of Motor Vehicles (DMV) and Department of Social Services (DSS). Since the HHR Secretariat-level Data Use and Reciprocal Support Agreement (DURSA) was still months away, VITA was proceeding with memoranda of agreement (MOAs) with DMV and DSS to cover the data extracts.

Chairman Ruffin asked about the timeline of the HHR DURSA, and Ms. Rowson said the draft report from the DURSA committee was scheduled to be sent to Secretary Hazel and Secretary Duffy in mid January. It then will be up to the Secretaries to make decisions on next steps toward a DURSA. Chairman Ruffin noted an important dimension was in standardization. Ms. Jeffries said brokering the data sharing agreements has been an obstacle but that standardization also will be a challenge.

On other initiatives, Ms. Jeffries said her group has worked with IBM to deploy an Enterprise Service Bus (ESB) for the DSS customer portal and that hardware work requests were proceeding with Northrop Grumman. The team has participated in training sessions on the IBM Initiate platform and completed the case study research on the Initiate implementation sites. In addition to the HITSAC-assigned sites, the team was attempting to get information from FedEx and Adobe on their implementations.

Ms. Jeffries noted that the EDM and SOA teams have reviewed and offered feedback to DMAS on the HIT/MITA business requirements document. She said a full articulation of the business requirements was critical, particularly for EDM, since the teams want to make sure the solutions fully support the HIT/MITA objectives. Ms. Jeffries said that the Oracle database software had been selected for EDM. The software has been purchased and the team is now working on the hardware acquisition.

Ms. Jeffries concluded by noting the CAS team's interaction with CHA on the Statewide HIE and the status of the systems architecture design. She noted the efforts being made on SOA, data profiling for EDM and the hardware deployments, adding that having the IBM technical team in place will help to move forward on these initiatives.

Chairman Ruffin congratulated Ms. Jeffries on the team's progress. He asked if the server array would be housed in CESC, and Ms. Jeffries said they would. Dr. Grubbs noted the level of activity and the close coordination between VITA, DMAS, VDH, DMV and CHA on the HIE interface.

Community Health Alliance (CHA) Presentation: Statewide Health Information Exchange (HIE)

Chairman Ruffin called on Community Health Alliance (CHA) team for its presentation. Sandy McCleaf, executive director of the Statewide HIE, began with her own background then provided an overview of CHA's organizational structure. Ms. McCleaf reported that CHA is a 501c(3) organization working on projects to enhance continuity of care.

Ms. McCleaf said the Statewide HIE will be developed and governed by a governing body. Ms. McCleaf reported the HIE will be based on a "thin" state layer not requiring heavy data processing. She characterized the HIE platform as being on a federated model. Chairman Ruffin clarified that in effect it would be a hybrid model, with clinical data residing in the source data systems and locator/matched data in the HIE.

Ms. McCleaf added the Statewide HIE will adhere to national and state standards, enabling exchange of data within the state and also across states. The Statewide HIE will leverage existing work that has been accomplished by entities within the Commonwealth, such as CAS and EDM; enable access to healthcare data; support access to data for providers; and have a sustainable business case.

Ms. McCleaf reported Statewide HIE objectives are to provide value to all stakeholders; adhere to state and national interoperability standards enabling the exchange of data across multiple entities; have its own governing body; be scalable and secure; protect privacy; promote trust among the HIE members; and contribute to the advancement of HIE as a standard of care.

Ms. McCleaf provided an overview of HIE networks on a state and national level. She said, the HIE will consist of hospital systems, regional HIEs, physicians and other entities. Each entity may act as a node on the HIE network system. A node may exchange data with entities internal and external to the HIE. The node will adhere to certification and onboarding processes developed by the governing body, Ms. McCleaf said.

The Statewide HIE as a whole may be a node to another state's HIE. The statewide network for the Commonwealth also may become a node on the Nationwide Health Information Network (NwHIN), thereby enabling the exchange of information with other states and federal agencies.

Ms. McCleaf provided a conceptual view of identity management within the HIE. She said that CHA is working with Commonwealth agencies on use cases for the HIE interface. Ms. McCleaf provided an overview of the DIRECT project that may be used by entities that are not yet onboarded. The DIRECT project is a national effort providing a secure process for point-to-point exchange of information. The DIRECT project model is a "push" model where an entity may choose to send information to a second entity which in turn may send information back to the first entity, resulting in exchange of data. The development of a DIRECT portal will be the first initiative of the Statewide HIE.

Ms. McCleaf presented milestones of the Statewide HIE.

Milestones for the first quarter of the year 2012:

- To facilitate a kick off meeting of the governing body to develop policies and procedures
- To make available a DIRECT Project Portal available to physicians for point to point exchange of information
- To complete initial environmental scans to establish a baseline to measure progress of the Statewide HIE from a community perspective

Milestones for the second quarter of the year 2012:

- To provide an electronic process enabling patients to opt into the Statewide HIE
- To provide an electronic process enabling patients that have opted in to opt out of the Statewide HIE if they so desire

Milestones for the third quarter of the year 2012:

- To complete all key tasks related to the connectivity of the Statewide HIE and NwHIN
- To onboard the first node for the Statewide HIE

Chairman Ruffin congratulated Ms. McCleaf on the progress of the Statewide HIE and congratulated Michael Mathews, CHA's Chief Executive Officer (CEO), for CHA's selection to develop the Statewide HIE.

Chairman Ruffin asked for clarification and information on the DIRECT project. Ms. McCleaf responded that DIRECT has an onboarding process for a physician to be a part of the network. Once the onboarding process is completed, the physician can exchange information with an entity whose DIRECT address is known to the physician. This is in process of being modified so that the physician can find an entity using the DIRECT portal, Ms. McCleaf said.

Dr. Cook asked about the processes that will be used to educate and inform on the use of the DIRECT portal. Ms. McCleaf responded the Statewide HIE is in the process of developing a Website that will contain information for customers, patients and providers. Ms. McCleaf said CHA will communicate directly with providers using DIRECT, through Virginia Hospitals Association Chief Information Officers group and leveraging other existing entities to the maximum extent possible.

Dr. Cook commented that the physicians at regional extension centers have started inquiring about the Statewide HIE and the need for the Statewide HIE to have a process in place to for provider education. Mr. Quinn added that the Statewide HIE can potentially use the existing physician data to educate physicians on the availability of the DIRECT portal and possibly using vendors of Electronic Medical Records (EMR) as a mechanism for physician education.

CDG Team Presentation: Outcomes from the Cross-Platform Technical Work Sessions on the Statewide HIE – VITA Shared-Services Platform Interface

Dr. Grubbs gave a brief overview of the efforts to date to create an interface between the Statewide HIE and the VITA Shared-Services Platform. Dr. Grubbs reported that the first technical work session had been held on November 3, 2011. The session enabled project teams to resolve a number of business and technical issues relating to the interface, identify open questions for teams to address and determine what guidance documents would be helpful as the projects moved forward.

Dr. Grubbs said that one of those documents was a cross-platform lexicon, which developed by the CDG Team. The lexicon contains key terms in the IBM Initiate platform and the corresponding/equivalent term in the Oracle Healthcare Master Patient Index (OHMPI) platform. He said a copy will be provided to HITSAC members and posted on VITA Web site. The next technical work session will be planned for January 2012.

Chairman Ruffin recessed the meeting for lunch at 12:16 p.m.
Chairman Ruffin called the meeting back to order at 12:50 p.m.

New Business (Continued)

CDG Team Technical Report: Results from the Case Study Analysis of the IBM Initiate Implementation Sites

Chairman Ruffin called on Dr. Grubbs to give the CDG Team's presentation on the case study research. Dr. Grubbs said the CDG and EDM Teams had focused on the four IBM Initiate sites assigned by HITSAC during the October 20 meeting. However, he said that because of logistical challenges in studying the Canadian Health Services, the CDG Team replaced it with the State of North Dakota, Department of Social Services. The North Dakota site proved to be more in line with the Commonwealth of Virginia's vision for the Initiate platform. Dr. Grubbs gave highlights of the information from across the sites. The final four sites: State of North Dakota, State of Maryland, Sutter Health and the University of Pittsburgh Medical Center (UPMC).

Dr. Grubbs identified the data sources for the case studies. These included (1) published information from IBM, (2) Web content from each site, (3) a questionnaire containing business and technical measures and (4) conference calls with business and technical leads from each site.

Dr. Grubbs outlined the primary questions underlying the case study research and walked HITSAC members through the cross-site comparisons. He said the date of implementation ranged from as early as 2003 (Sutter Health) to as recent as April 2011 (Maryland CRISP HIE). The timeframe required for implementation ranged from six months to 24 months. All the sites had the Patient/Person Hub, two of the sites had a Provider Hub and the remaining two sites were planning on having Provider Hubs and one of the sites had Patient, Provider and Organization Hubs. Most of the sites used the "out-of-the-box" configuration of Initiate, with some adjustments to the algorithms. One of the sites required extensive coding due to the fact that they had an existing patient index that needed to be retained.

Dr. Grubbs said that the two of the sites only exchanged data within their internal health system. For the other two, one used point-to-point data-sharing agreements and the other a universal agreement. The CDG Team has requested copies of all data-sharing agreements. Dr. Grubbs added that one of the key lessons from all the case studies is that after a patient or person identifier has been assigned to a person, it needs to be regularly managed. Most of the sites had data quality teams to manage the assigned patient/person identifiers.

Chairman Ruffin asked how North Dakota handled privacy issues and whether it was an "opt-in" or "opt-out" system. Dr. Grubbs responded North Dakota is an opt-out system. Mr. Quinn added they may have registered themselves as a provider following all HIPAA regulations and privacy procedures. Dr. Grubbs said North Dakota, which functioned like an "internal" service system, managed privacy issues through an informed-consent process. This enabled data sharing across participating agencies. Mr. Pollack said Indiana has a similar model for HIE.

Taking a sidebar comment from Jerry Simonoff, Director of the Policy and Practice Directorate, Dr. Grubbs said that Mr. Simonoff had pointed out about the difference of scale or magnitude in implementing a HIE in Virginia with a larger population compared to North Dakota with a smaller population.

Dr. Grubbs continued by saying that all sites used IBM consultants for implementation and stressed the importance of maintaining close working relationships with IBM. Dr. Grubbs said the Commonwealth has developed very close working relationships with business and technical representatives at IBM.

Additional common features from the sites identified by Dr. Grubbs included:

- All sites expressed the importance of having clear business and technical requirements.
- All sites had matching attribute consistent with the attributes adopted for the Commonwealth.
- All sites set up a testing environment and conducted rigorous testing before going into production.
- All sites used a data cleaning process within the source systems prior to the loading the data into Initiate.
- All sites had Initiate configured to handle both batch and real-time transactional updates.

Dr. Grubbs compared the four sites noting differences in number of source systems and records. Two sites had selected Oracle database systems, one a DB2 database and one Microsoft SQL Server database. Dr. Grubbs reported all sites had a very close relationship with the data stewards from the source systems. He said data stewards play an active role in governance processes and resolving linkages for data matching.

Chairman Ruffin questioned whether sites were standardizing source systems. Dr. Grubbs said that for messaging three of the four sites used HL7 data exchange standards. Chairman Ruffin said the Commonwealth's Statewide HIE model needs to be similar to the models implemented by Sutter Health and UPMC.

Dr. Grubbs said that this case study exercise was very helpful from a business, technical and governance perspective. It reinforced the opportunity to exchange information and maintain an ongoing interaction with different sites. Sutter Health is part of a group of sites that use this platform and exchange information. The EDM Team is working to get the Commonwealth more involved in this group.

Dr. Grubbs mentioned that VITA had the opportunity to meet with business leads and technical leads from Bon Secours for the MyChart and Connect Care systems. Dr. Grubbs said Bon Secours also submitted a detailed response to the case study questionnaire. Dr. Grubbs shared his experiences as a user of the MyChart system.

Dr. Grubbs said he will be sharing the case study information with representatives from the Casey Foundation and see if it may be possible to visit some of the sites in person. Dr. Ruffin asked how the Commonwealth could formalize its relationship with the Casey Foundation. Dr. Grubbs said the Casey Foundation is funding Virginia's Department of Social Services (DSS) on a data-sharing initiative.

Dr. Grubbs said that the Casey Foundation is aware of the progress made by the Commonwealth on enterprise data management. He said the Foundation had showed an interest in using the Commonwealth of Virginia as a model for other states to follow. Also the Commonwealth will continue to partner with different entities to learn about their experiences on similar projects. Dr. Grubbs said he would continue to pursue information from the Canada Health Services.

Chairman Ruffin said working with the Canadian Health System would allow staff to learn more about onboarding of and communicating with physicians. Dr. Grubbs expressed the need to have a contact in the Canadian system that can complete the questionnaire and hopefully participate in a conference call. Mr. Quinn said he can refer someone who can help the CDG Team with this effort.

Chairman Ruffin asked Dr. Grubbs to state the most important lessons learned from the case studies. Dr. Grubbs replied: clean the data before loading them into the Initiate platform, conduct rigorous testing before implementation and have a dedicated team to manage the system identifiers on an ongoing basis. Chairman Ruffin thanked the CDG and EDM Teams for their efforts on the case studies.

CDG Team Presentation: Enterprise Data Management (EDM) Person Core Non-Matching (“Payload”) Data Exchange Standard – ACTION ITEM

Chairman Ruffin raised the action item on the agenda relating to the EDM Person Core Non-matching Data Exchange Standard. Dr. Grubbs began by acknowledging Commonwealth agency stakeholders who had participated in the November 17 workshop to develop the standard and who were in attendance at the HITSAC meeting. He proceeded to outline the process to develop the standard and valuable inputs provided by Commonwealth agency stakeholders during the process.

Dr. Grubbs reminded HITSAC members of the purpose of data exchange standards and how they will be used for the payload data. He said the payload data may be used to validate the matches, help decision making to resolve any linkage tasks and make sure the attributes are structured on HL7 standards or other external standards. Dr. Grubbs gave an overview of the EDM Person non-matching attributes.

Chairman Ruffin asked about including race and ethnicity in the payload data. Dr. Grubbs said these attributes would be user defined and not used for matching.

Chairman Ruffin questioned why family relationships were not selected as potential attributes. Dr. Grubbs said those types of relationships may be developed within Initiate using the selected attributes.

Mr. Quinn recommended including mother’s maiden name as an attribute. Dr. Grubbs responded that it would be added to the list.

Dr. Grubbs then gave an overview of the Data Dictionary. Dr. Grubbs said that the term “attribute” had been used to replace the term “entity” to denote the descriptive variables. The term “attribute” is consistent with Initiate and Data Management Body of Knowledge. “Entity” had been used previously, but incorrectly, due to limitations of the modeling tool.

Mr. Quinn reminded staff on the need to ensure that Commonwealth standards be mapped to the National Information Exchange Model (NIEM). Dr. Grubbs said that the attributes were defined consistent with HL7, NIEM, the Office of the National Coordinator for Health IT (ONC) and other external standards.

Dr. Grubbs said that the CDG Team had made revisions to the business narrative document used for the data exchange standard review package. The statutory authority section would contain references to the Code of Virginia, rather than the Code language itself, and the report generally had been streamlined for readability.

Dr. Grubbs said that for the standard to be adopted the committee needs to recommend the standard to the CIO and the Secretary of Technology for approval.

Chairman Ruffin called for a motion to approve the EDM Person data exchange standard, as amended to add mother’s maiden name as an attribute. A motion was made by Mr. Quinn with a second by Mr. Pollack. The motion passed unanimously.

Dr. Grubbs thanked HITSAC for its action. He said that, as a next step, the CDG Team will coordinate with CHA to develop data standards for the Statewide HIE. The CDG Team will package the standards for the HIE and route them through HITSAC for recommendation to the CIO and Secretary of Technology for adoption.

PUBLIC COMMENT

Chairman Ruffin called for public comment. Seeing none, Dr. Ruffin closed the public comment period.

ADJOURN

Chairman Ruffin opened the meeting for any final comments from the HITSAC committee. It was agreed by HITSAC members that the next meeting will be held on February 16, 2012. Dr. Ruffin asked if there were any other comments. Seeing none, Chairman Ruffin called for a motion to adjourn. A motion to adjourn was made by Mr. Pollack and with a second from Dr. Harrison. The motion to adjourn passed unanimously.